

Please type a plus sign (+) inside this box → +

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|-------------------------------------|--|
| UTILITY PATENT APPLICATION TRANSMITTAL | | Attorney Docket No. PF020113 | |
| | | First Inventor | Perrot |
| | | Title | METHOD AND DEVICE FOR CONNECTION OF A DEVICE TO A WIRELESS NETWORK |
| (Only for new nonprovisional applications under 37 C.F.R. 1.53(b)) | | Express Mail Label No. | ev 326738834 US |

| | |
|---|--|
| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 12] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 5. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <u>Claim of priority</u> |
|---|--|

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an *Application Data Sheet* under 37 CFR 1.76:

| | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No: / |
| Prior application information: Examiner | | | Group / Art Unit: |

For **CONTINUATION** or **DIVISIONAL** APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| | | | | | |
|---|-------------------------------|------------------|---|-----------------|----------------|
| 17. CORRESPONDENCE ADDRESS | | | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label | | | (Insert Customer No. or Attach bar code label here) | | |
| or <input checked="" type="checkbox"/> Correspondence address below | | | | | |
| Name | JOSEPH S. TRIPOLI | | | | |
| | THOMSON LICENSING INC. | | | | |
| Address | 2 INDEPENDENCE WAY, SUITE 200 | | | | |
| City | PRINCETON | State | NJ | Zip Code | 08540 |
| Country | USA | Telephone | (609) 734-6815 | Fax | (609) 734-6888 |

| | | | |
|--------------------------|-------------|--|---------------|
| Name (Print/Type) | Paul P.Kiel | Registration No. (Attorney/Agent) | 40,677 |
| Signature | | Date | Sept- 9, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



FEE TRANSMITTAL

for FY 2003

☐ Applicant claims small entity status. See 37 CFR 1.27

| | |
|---------------------|----------|
| Attorney Docket No. | PF020113 |
|---------------------|----------|

0 (\$)

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.